

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE ESTATE OF

☐ Amended

Proof of Heirship

☐ Informal

☐ Formal

Case No. _____

UNDER OATH, I ANSWER THE FOLLOWING QUESTIONS:

1. What is your name, address and relationship to the decedent?

Name

Address

Relationship

2. Was the decedent survived by a spouse? ☐ Yes ☐ No

If YES, give name: _____

3a. Did the decedent have any children? (living or deceased; natural or adopted) ☐ Yes ☐ No

If YES, list all names: (If deceased, indicate date of death.)

Name of decedent's children

If deceased, date of death

3b. For each deceased child listed in 3a, list his or her name and the names of his or her children (living or deceased; natural or adopted). If any of his or her children are deceased, indicate the date of death of that child and the names of his or her descendants: (living or deceased; natural or adopted) ☐ See attached

schedules

Name of deceased child in (3a)

Name of deceased child's child(ren)

Date of death

4. If there is a surviving spouse, are all of the decedent's children listed in 3a, also the children of the surviving spouse?

☐ Yes ☐ No If NO, give details: _____

Instructions:

Are there living persons listed in answers to questions 2 through 4?

• If yes, go to question 8.

• If no, go to question 5.

5. Did the decedent leave surviving parents? ☐ Yes ☐ No If YES, list names:

Name

6a. If no surviving parent, did the decedent have brothers or sisters (living or deceased; whole blood, half blood, adopted)?

☐ No ☐ Yes If YES, list all names: (If deceased, indicate date of death.)

Name of decedent's brothers or sisters

If deceased, date of death

- 6b. For each deceased brother or sister listed in 6a, list his or her name and the names of his or her children (living or deceased; natural or adopted). If any of his or her children is deceased, indicate the date of death of that child and the names of his or her descendants: (living or deceased; natural or adopted) ☐ **See attached schedules**

Name of deceased brother or sister in (6a)**Name of deceased brother or sister
children****Date of death**

7. If there are **no living persons** listed in questions 2 through 6b, list names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent and whether the person is living or deceased. Please continue listing children of deceased persons until a living person is named:

☐ **See attached schedule****MATERNAL****PATERNAL**

Grandfather:		Grandfather:	
Grandmother:		Grandmother:	
Descendents:		Descendents:	

8. Did any of the persons named in questions 2 through 7 die within 120 hours after the death of the decedent?

☐ No ☐ Yes If YES, list names:
Name

Subscribed and sworn to before me
on _____

 Formal: Court Official
 Informal: Notary Public/Court Official

 Signature

 Name Printed or Typed

My commission expires: _____

 Date

Name of Attorney	
Address	
Telephone Number	State Bar Number